

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08755 332

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1948

Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 18th

19

48 at 4402 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan

19

44

to

Aug 18

19

48

and that I last saw him alive on

Aug

16

19

48

Immediate cause of death

Uremia

DURATION

Due to

Bacterial C-V-R Disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William D. Gray MD

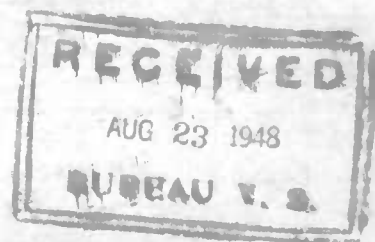
M. D. or other

Address

Salisbury Md

Date signed

8/20/48



FILM No. G 117 OCT 1 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

08756

332

FILM No. G 117 AUG 30 1948 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County St. Mary's
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County ShenandoahCity or town
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Daniel James Ballard

3.(b) Social Security Number

4. Sex M. 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Sally Ballard7. Birth date of deceased (mo., day, yr.) Nov. 25, 1875 6.(c) If alive, give age 71 years8. AGE: Years 72 Months 7 Days 23 If less than one day9. Birthplace Cottage Grove, Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name William Horsey13. Birthplace Cottage Grove, Westover, Md.14. Maiden name Maddy Ballard15. Birthplace Cottage Grove, Westover, Md.16. Informant Sally BallardAddress Cottage Grove17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Aug. 26, 1948
(month) (day) (year)Cemetery or crematory Cottage GroveLocation Westover, Md.18. Funeral director Marion Star, Md.Address Marion Star, Md.19. August 24, 1948 Registrar Louise Strong Taylor

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8.23.48 19... at 8 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8.20.48 19... to 8.23.48 19... and that I last saw him alive on 8.23.48 19...Immediate cause of death Congestive heart failureDURATION 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury L. L. Lang Injured at work?23. SIGNATURE L. L. Lang M. D. or otherAddress Frederick, Md. Date signed 8-23-48

MARGIN RESERVED FOR BINDING

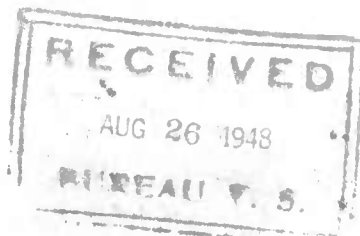
I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

lost Oct.

Dr. Lariss



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 hr.

Hospital, institution, or street address where death occurred:

Barber's General Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Barber, Calvin E., Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Child

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

March 26 - 1948

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

419

hrs.

min.

9. Birthplace

Quadracola, Fla.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Aug 7, 1948

Cemetery or

Location

18. Funeral director

Address

19.

(Date read by registrar)

19

48

Signer

Thos Taylor

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 19 48, at 7²⁵ A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8-5-48

19

to

8-6-48

19

and that I last saw him alive on 8-6-48 19

Immediate cause of death

Terminal. Bronchopneumonia

DURATION

Due to Virus infection

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Robert J. Fine M. D. or other _____
Address md Date signed 8-6-48

RECEIVED

AUG. 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08758 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? Dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. Lake & West Instella
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Howard Barner

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

1927

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

21 hrs. min.

9. Birthplace (Town, county, and state)

Emporia Va.

10. Usual occupation

Laborer

11. Industry or business

none

12. Name

Calvin Sprill

13. Birthplace

Emp Va.

14. Maiden name

Annette Barner

15. Birthplace

Emp Va.

16. Informant

Rosalie SmithAddress Salisbury Md.17. Funeral Date thereof Aug 10, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Falling Run Va.Location Emporia Va.18. Funeral director Booker McQuestAddress Salisbury Md.19. Aug 8 19 48 Louise T. Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 19 48 at 10:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

medical and that I last saw him alive on Aug 6 19 48

Immediate cause of death

HemorrhageDue to Bullet wound ofleft chest

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

noneAutopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of 8/6/48Where did injury occur? Salisbury Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Beer gardenMeans of injury shot in chest Injured at work? NO23. SIGNATURE Dr. Rosalio M.D. M. D. or otherAddress Salisbury Md Date signed 8/6/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 10 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08750
332

1. PLACE OF DEATH:

County... Wicomico
 City or town... Pineston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
R.F.D. Pineston, Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Wicomico
 City or town... Pineston, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... B.F.W.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Alfred E. Becker

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Freida C. Becker
 7. Birth date of deceased (mo., day, yr.) Feb 7, 1881
 6. (c) If alive, give age 65 years
 8. AGE: Years 67 Months 6 Days 1 If less than one day hrs. min.

9. Birthplace New York City, N.Y.
 (Town, county, and state)

10. Usual occupation Druggist

11. Industry or business

12. Name Emanuel Becker

13. Birthplace Germany

14. Maiden name Kubusow

15. Birthplace

16. Informant Freida C. Becker

Address Pineston, Md.

17. Cremation Date thereof 8/9/48
 (Burial, cremation, or removal. Which) (month) (day) (year)

Crematory J. W. Lee's Sons Co.

Location Washington, D.C.

18. Funeral director The Hill & Johnson Co.

Address East Main St Davis, Salisbury, Md.

19. Aug. 8, 1948 Loise Strong Taylor
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8th, 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st, 1948 to August 8, 1948
 and that I last saw him alive on August 6th, 1948

Immediate cause of death Cancer of stomach DURATION 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.V. Schuler, M.D. M.D. or other
Schuler, Del. Date signed 8-8-48

RECEIVED

AUG 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08760

Reg. Dist. No.

332

1. PLACE OF DEATH:

County Wilkes
 City or town Salisbury md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rhodesdale
 (If outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bennett Mrs. Effie

4. Sex

Female white

5. Color or race

6. (a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Bennett Mr. Otho S.

7. Birth date of

deceased (mo., day, yr.)

September 29 - 1887

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

60

hrs.

min.

9. Birthplace

md
 (Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date of event

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date read by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1948 at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8:00 1948 to 8:09 1948and that I last saw her alive on 8:09-48 1948

Immediate cause of death

Acute coronary occlusion 5 min

Due to

Generalized
arteriosclerosis

Due to

Other conditions

Acute gangrenous 4 days
gall bladder

(Include pregnancy within 3 months of death)

Major findings of operations

gangrenous gall
bladder

Date of op. _____

Autopsy results

Acute coronary occlusion

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

M. D. or other

Address 50477 Division stDate signed 8-9-48

RECEIVED

AUG 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County... Wilcomico
 City or town... Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? fall life
 Hospital, institution, or street address where death occurred:
no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Wilcomico
 City or town... Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 108 Catherine Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war... no

3. (a) FULL NAME

Russell W. Blake

3. (b) Social Security Number

212-12-3750

4. Sex male 5. Color or race aa 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Josephine Blake
 7. Birth date of deceased (mo., day, yr.) 1907 6. (c) If alive, give age Don't know years
 8. AGE: Years 41 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Parsonsbury Wilcomico Co. Md.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Farmer & Planter12. Name Don't know13. Birthplace " "14. Maiden name Sallie Blake15. Birthplace Parsonsbury Maryland16. Informant Mrs. Josephine BlakeAddress 108 Catherine St. Salisbury Md17. Burial Date thereof 8-10-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Glass HillLocation Parsonsbury Maryland18. Funeral director James F. StewartAddress 402 E. Church St. Salisbury Md19. Aug. 10 19 48 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 19 48 at 7:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 19 48 to Aug 8 19 48 and that I last saw him alive on August 8 19 48Immediate cause of death Pulmonary Tuberculosis DURATION undetermined

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

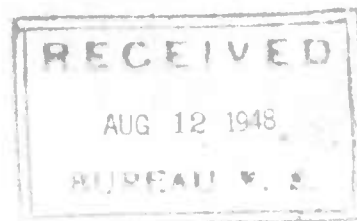
Means of injury _____ Injured at work? _____

23. SIGNATURE E. J. Russell M. D. or other _____Address 800 W. Main St. Date signed Aug. 10, 1948Salisbury Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



RESERVE FOR B.N.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08762 332

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 7/27/48
Hospital, institution, or street address where death occurred:
Eastern Shore Th. Sanatorium
How long in hospital or institution? Since 7/27/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
City or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war. _____

3. (a) FULL NAME

BULL, George Dennis

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Marie Frances Bull
6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) January 3, 1890

8. AGE: Years 58 Months 6 Days 29 It less than one day _____ hrs. _____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Eljah Bull

13. Birthplace Virginia

14. Maiden name Susan Hart

15. Birthplace Virginia

16. Informant Deceased

Address _____

17. Burial Date thereof Aug-4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkside Cemetery

Location Parkside Va.

18. Funeral director Robert L. Shrieves

Address Parkside Va.

19. Aug-4 1948 Shirley Taylor
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1948 at 9:25 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1948 to Aug 2 1948
and that I last saw him alive on August 1 1948

Immediate cause of death Pulmonary Tuberculosis

DURATION

2 mo.?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE S. H. Hurdle M.D. M. D. or other 1948

Address Salisbury, Md. Date signed Aug 2

NG

MARGE

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 5 1948

BUREAU V. N.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. L. R. Gramse

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08763

332

Reg. Dist. No.

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 30 mins.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 502 Howard Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Byrd, Mrs. Marion

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband Case J. Byrd7. Birth date of deceased (mo., day, yr.) March 17 - 18638. AGE: Years 85 Months 4 Days 23 hrs. min.9. Birthplace Crisfield Maryland
(Town, county and state)10. Usual occupation at home11. Industry or business Pettyman Stevenson12. Name Crisfield Md.13. Birthplace Salisbury14. Maiden name Stirling15. Birthplace Crisfield Md.16. Informant Clifton WashburnAddress 502 Howard St. Salisbury17. Burial Date thereof Aug 18 - 48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Crisfield CemeteryLocation Crisfield Maryland18. Funeral director William G. Melick & SonAddress Salisbury Md.19. August 13 1948 Louise Strong Taylor

(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 - 1948 at 1:50 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1948 to 7/10 1948and that I last saw her alive on 8/10/48Immediate cause of death Coronary occlusionDue to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. R. Gramse MDAddress Salisbury Md. Date signed 8/10/48

RECEIVED

AUG 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
RD. #1

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RD. #1
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John B. Carey

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Mary Carey

7. Birth date of deceased (mo., day, yr.) Sept. 3rd 1866 8. (c) If alive, give age Dead years

8. AGE: Years 81 Months 11 Days 9 If less than one day hrs. min.

9. Birthplace near Frederick Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Farm

12. Name David Carey

13. Birthplace Wicomico Co., Maryland

14. Maiden name Sallie Elliott

15. Birthplace Bridgeton, Delaware

16. Informant Dr. Howard B. Carey

Address RD. #1, Salisbury, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Aug 15-48
 (month) (day) (year)

Cemetery or crematory Siloam Cemetery

Location Siloam Maryland

18. Funeral director Hallway & Co. Baltimore

Address Salisbury Md.

19. Aug. 14 19 48 Lois Strong Taylor
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12th 19 48 of 7:30 P

21. I CERTIFY the death occurred on the date above stated; that I attended deceased from July 19 48 to Aug 12 19 48

and that I last saw him alive on Aug 12 19 48

Immediate cause of death arteriosclerotic heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

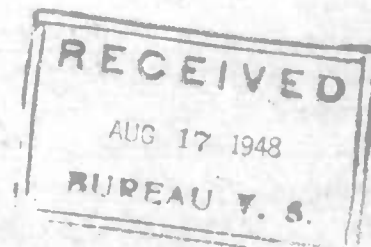
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE H.V. Sotter, M.D.
 M. D. or other

Address Delmar, Del Date signed Aug 12, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08765

46 f

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WorcesterCity or town Fruitland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 62 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WorcesterCity or town Fruitland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Alberta Cornish

3. (b) Social Security Number

267-07-86104. Sex Female5. Color or race C6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife George Cornish6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) sep 25-18858. AGE: Years 62 Months 10 Days 22 If less than one day _____ hrs. _____ min.9. Birthplace Fruitland Worcester md
(Town, county, and state)10. Usual occupation laborer

11. Industry or business _____

12. Name John W. Williams13. Birthplace Fruitland md14. Maiden name Lusy Daskields15. Birthplace Fruitland md16. Informant George CornishAddress Fruitland md17. burial Date thereof Aug. 25-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory FruitlandLocation Fruitland md18. Funeral director Charles H WardAddress Marion Sta. 17219. August 24 1948 Louise Strong Taylor
(Date paid by registrar) (Registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug 22 19 48 at 2:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____
and that I last saw him alive on _____Immediate cause of death coronary of liver DURATION 3 weeks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

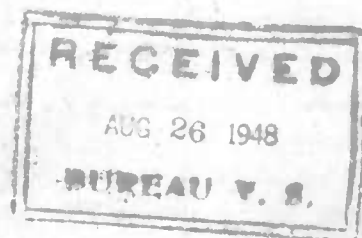
22. VIOLENCE: If death was due to external causes, fill in the following; No

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury paracetamol Injured at work? md23. SIGNATURE Louise Strong Taylor M. D. or other _____Address Shelby md Date signed 8/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Thames Co.
 City or town Head Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Wicomico
 City or town Head Creek MD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2.(a) if veteran, name war —

3. (a) FULL NAME

William P. Blaschke

3. (b) Social Security Number

4. Sex male 5. Color or race col 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife —
 7. Birth date of deceased (mo., day, yr.) Mar 22, 1867 6.(c) If alive, give age — years
 8. AGE: Years 81 Months 6 Days — If less than one day — hrs. — min.

9. Birthplace Head Creek Md.
 (Town, county, and state)
 10. Usual occupation Farming
 11. Industry or business none
 12. Name Edw. Blaschke
 13. Birthplace Head Creek Md.
 14. Maiden name Mary Bailey
 15. Birthplace Head Creek Md.

16. Informant Oscar Blaschke
 Address Head Creek Md.
 17. Burial Date thereof Aug 29, 1948
 (Burial, cremation, or removal). Which? (month) (day) (year)
 Cemetery or crematory Head Creek Cem
 Location Head Creek Md.
 18. Funeral director Popper M. Litch
 Address Salisbury Md.
 19. Aug-28 1948 Louise Strong Taylor
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1948 at 8:10 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 June 1948 to 25 Aug 1948
 and that I last saw him alive on 25 Aug 1948
 Immediate cause of death Transition
 Due to Paralysis
 Due to Arteriosclerosis Cerebral
Accident
 Other conditions —
 (Include pregnancy within 3 months of death)

DURATION

3 mo.12 yr.12 yrs.

Major findings of operations — Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —
 23. SIGNATURE Richard H. Saunders
 M. D. or other —
 Address Salisbury Md. Date signed 28 Aug 48

RECEIVED

AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4800

Reg. Dist. No. 332

1. PLACE OF DEATH:

County AccomackCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 13 days 4 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County AccomackCity or town Franklin City
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ella Mae Davis

3. (b) Social Security Number

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Arthur Lawrence Davis

7. Birth date of deceased (mo., day, yr.)

April 6 1874

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

74415hrs.min.

9. Birthplace

Cape May N.J.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Arthur L. Davis

13. Birthplace

Not known

14. Maiden name

15. Birthplace

16. Informant

Address

Mrs. Lizzie Lawrence
Franklin City Va
Bureau

17. (Burial, cremation, or removal. Which?)

Date thereof Aug 24 1948
(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

N. A. Shields
New Church, Va

19. (Date rec'd by registrar)

19

Aug 24 48 Louise Strong Taylor
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1948, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 8 1948 to Aug 21 1948and that I last saw him alive on Aug 21 1948

Immediate cause of death

Cerebral Amy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

AUG 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71 336

1. PLACE OF DEATH:

County Wicomico
 City or town Delmar
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
109 Pine St
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Delmar
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 109 Pine
 (If rural, give LOCATION)
 2.(a) if veteran, name war

3. (a) FULL NAME

George Corington Davis

3. (b) Social Security Number

716-03-1672

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Martha J. Davis
 6. (c) If alive, give age 63 years
 7. Birth date of deceased (mo., day, yr.) July 23, 1887
 8. AGE: Years 61 Months 6 Days 1 If less than one day hrs. min.

9. Birthplace Franklin City, Va
 (Town, county, and state)
 10. Usual occupation Engineer
 11. Industry or business Penn. Railroad Co
 12. Name Martha Davis
 13. Birthplace Virginia
 14. Maiden name May Brittingham
 15. Birthplace Virginia

16. Informant Mrs Geo. C. Davis
 Address Delmar, Del
 17. Burial Date thereof 8-4-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. John's Methodist
 Location Delmar, Del.

18. Funeral director H. S. Mansel Co
 Address Delmar, Del
August 4th 1948 Harry Hudson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

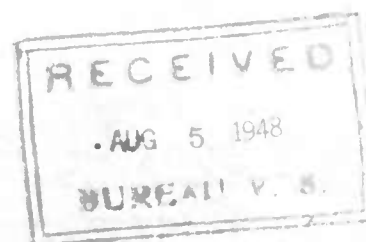
20. DATE OF DEATH Aug 1 1948 at 7 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1948 to Aug 1 1948
 and that I last saw him alive on Aug 1 1948
 Immediate cause of death Coronary Thrombosis (secondary) DURATION 20 months
 Due to Coronary Thrombosis 6 weeks
 Due to Hypertension Cardio vascular 2 yrs
 Other conditions Disease
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. H. Lynch M. D. or other
 Address Delmar, Del Date signed Aug 2, 1948



08769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Penninsula General HospitalHow long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State DELAWARE County NEW CASTLECity or town NEWARK
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

De Groot, Bertha

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife De Groot Mrs. Charles7. Birth date of deceased (mo., day, yr.) February 3, 1881 6.(c) If alive, give age 67 years8. AGE: Years 67 Months 7 Days 10 If less than one day hrs. min.9. Birthplace RIVERTON, WICOMICO MD.
(Town, county, and state)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JOSEPH T. GRAVENEOR13. Birthplace Riverton, Md.14. Maiden name EDITH PHILLIPS15. Birthplace Sharptown, Md.16. Informant CHARLES DE GROOTAddress NEWARK MD DEL.17. Burial Date thereof 8-17-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory PROTESTANT CEMETERYLocation SHARPTOWN, MD18. Funeral director GRAVENEOR BROSAddress SHARPTOWN MD19. Aug. 14 1948 Lowell Strong Taylor
(Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1948 at 1200 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-20-48 to 8-14-48 and that I last saw him alive on 8-14-48Immediate cause of death Cornary Thrombosis DURATION 12 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lowell Strong Taylor M.D.Address Fruitland Md Date signed 8-14-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 17 1948

BUREAU V. S.

RECEIVED

AUG 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08770

Reg. Dist. No. 41336

1. PLACE OF DEATH:

County Wisconsin
 City or town Selman, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 weeks
 Hospital, institution, or street address where death occurred:
Chestnut St.
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Maple Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

3. (a) FULL NAME

Jessie T. Dennis

3. (b) Social Security Number

no

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Belle Harrison Dennis
Deceased 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 5, 1863
 8. AGE: Years 85 Months 1 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Pittsville, Md.
 (Town, county, and state)
 10. Usual occupation merchant and farmer
 11. Industry or business _____
 12. Name John T. Dennis
 13. Birthplace Pittsville, Md.
 14. Maiden name Harriett T. Rowins
 15. Birthplace Pittsville, Md.

16. Informant Chas. Harrison
 Address Preston, Md.
 17. Burial Date thereof Aug 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory M. E. Church Cemetery
 Location Preston, Md.
 19. Funeral director R. M. Hollis
 Address Preston, Md.

August 23, 1948 Harry E. Hudson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1948 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1948 to Aug 22 1948
 and that I last saw him alive on Aug 22 1948

Immediate cause of death acute congestive cardiac failure DURATION 2 day

Due to Chronic Myocarditis at 22 yrDue to Chronic Nephritis 3 yr

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. Byrd M. D. or other

Debra D. Del. Address _____ Date signed _____

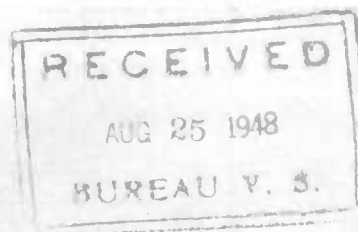
MARGIN RESERVED FOR BINDING

VS A15

9-25-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Harry Hudson



Dr. Son

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08771

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County NeomigCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yearHospital, institution, or other address where death occurred:
415. Sans street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County NeomigCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 415. Sans street
(If rural, give LOCATION)

2.(a) if veteran, name war

3. (a) FULL NAME

John Harrison Dennis

3. (b) Social Security Number

4. Sex

Male

5. Color of face

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife:

Mary E. Palmer Dennis6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.)

June 17-1869

8. AGE:

Years 79 Months 01 Days 24 If less than one day
hrs. min.

9. Birthplace

Pittsville MD
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

John Dennis

12. Name

R.O. Pittman, Md.

13. Birthplace

Sophia Adams

14. Maiden name

R.O. Pittman, Md.

15. Birthplace

Mrs. Samuel H. Faison

16. Informant

Pittsville Maryland

Address

Burial Date thereof Aug 14-48

(Burial, cremation, or removal) Which

Mt. Pleasant Cemetery

Cemetery or crematory

R.O. Potvilleville Md

Location

Hollaway G. Walter R. Hollaway

18. Funeral director

Salisbury Maryland

Address

August 13, 1948 Louise Strong Taylor

(Date recd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11th 1948 at 1234 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1948 to August 11, 1948 and that I last saw him alive on August 11, 1948

Immediate cause of death

Cerebral Hemorrhage

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert Gore M. D. or other
Address 392 N. Main St. Date signed 9/2/48

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 16 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

08772

730

1. PLACE OF DEATH:

County WicomicoCity or town Quantico
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 77 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Quantico
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) if veteran, name war _____

3. (a) FULL NAME

Elmer Y. Disharoon

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Lillie S. Disharoon7. Birth date of deceased (mo., day, yr.) Sept 3 1890 6.(c) If alive, give age Dead years8. AGE: Years 77 Months 11 Days 25 it less than one day _____ hrs. _____ min.9. Birthplace Quantico Wicomico Co Md
(Town, county, and state)10. Usual occupation Merchandise

11. Industry or business

12. Name Theodore Y. Disharoon13. Birthplace Maryland14. Maiden name Elizabeth Larmore15. Birthplace Maryland16. Informant Miss Ethel DisharoonAddress Quantico, Md17. Burial Date thereof Aug 31 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Quantico CemeteryLocation Quantico Md18. Funeral director Wilson Funeral HomeAddress Princess Anne Md19. Aug 31 19 48 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 19 48 at 9 17 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 14 19 48, to Aug 28 19 48, and that I last saw him alive on Aug 28 19 48

Immediate cause of death _____ DURATION

Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William E. Enrich M. D. or other _____Address Helro Date signed Aug 29-48

RECEIVED
SEP 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. H 336

1. PLACE OF DEATH:

County Wicomico
City or town Delmar
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
1 Maryland Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Delmar
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1 Maryland Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Daisy Alma Ellis

3. (b) Social Security Number

221-05-9877

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife John W. Ellis
6. (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) May 16, 1892
8. AGE: Years 56 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Wicomico County, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Bert F. Smith

13. Birthplace Wicomico County, Md.

14. Maiden name Ellen Palmer

15. Birthplace Superior County, Del.

16. Informant John W. Ellis

Address Delmar, Delaware

17. Burial Date thereof 8/16/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Olives Catholic

Location Delmar, Delaware

18. Funeral director W. D. Marvel Co

Address Delmar, Delaware

19. Aug 14 1948 Harry E. Hudson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1948 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 1948 to Aug 13 1948

and that I last saw him alive on Aug 13 1948

Immediate cause of death Secondary Carcinoma of stomach DURATION 2 months

Due to Carcinoma of Breast 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. L. L. M. D. or other

Address Delmar, Del. Date signed Aug 14/48

MARGIN RESERVED FOR BINDING

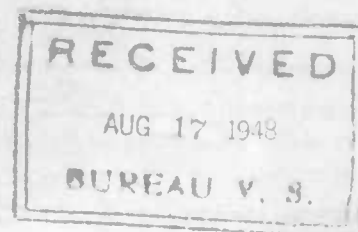
VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08773

50



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Iyaskin, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wicomico
 City or town Iyaskin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Ray Lester Fisher
 4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

3. (b) Social Security Number

229-10-3770

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 August 1948 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

16 Aug 1948 to 16 Aug 1948
 and that I last saw him alive on D.O.A.

Immediate cause of death

Coronary Occlusion

DURATION

1 hour

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE

L. R. Radgwickers

Date signed 16 Aug 486. (b) Name of husband or wife Alice F. Fisher7. Birth date of deceased (mo., day, yr.) April 14, 1890

8. AGE: Years Months Days If less than one day

58 4 2 hrs. min.9. Birthplace Iyaskin, Wicomico, Md.

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Robert Fisher13. Birthplace Staten Island, N. Y.14. Maiden name Rosa Horosmah15. Birthplace I don't know16. Informant Edna M. ColemanAddress 837 W. 42nd St. Norfolk, Va17. Burial Date thereof 8/19/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Forest Lawn CemeteryLocation Norfolk, Virginia18. Funeral director Holloman & Co. of BostonAddress Salisbury Md.19. Aug. 17 19 48 Lois Estrom Taylor

(Date registered by registrar) Registrar

RECEIVED

AUG 19 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08775

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Year
 Hospital, institution, or street address where death occurred P. S. Hospital
 How long in hospital or institution? 1 Year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town General Rural #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Sandy Phillip Foreman

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

Cliven Johnson

6. (c) If alive, give age..... years

15

7. Birth date of deceased (mo., day, yr.)

Feb. 12 - 1948

8. AGE:

Years

Months

Days

If less than one day

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min.

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RECEIVED

AUG 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08776

82

Reg. Dist. No. 332

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

20. DATE OF DEATH

19.. at ..

6. (b) Name of husband or wife

6. (c) If alive, give age .. years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

71

-

12

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date registered by registrar)

19.

Registrar

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 19.. to August 19..

and that I last saw him alive on August 19..

Immediate cause of death

Due to

Due to

Other conditions

Major findings at operations

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

AUG 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08777 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 2 days, 47 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Fry, Mrs Leona

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband Charles Fry7. Birth date of deceased (mo., day, yr.) July 28, 1896 6.(c) If alive, give age 54 years8. AGE: Years 52 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Moorefield West Virginia
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name David Hoffman13. Birthplace Moorefield West Virginia14. Maiden name Anna Sides15. Birthplace Moorefield West Virginia16. Informant Charles FryAddress Princess Anne Md17. Burial Date thereof Aug 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Andrews CemeteryLocation Princess Anne Md18. Funeral director Charles DashiellAddress Princess Anne Md19. August 27, 1948 Louise Strong Taylor
(Date (cc'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1948 at 8:27 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24, 1948 to August 26, 1948 and that I last saw him/her alive on August 26, 1948

Immediate cause of death _____ DURATION

Coronary Artery OcclusionDue to Coronary Arteriosclerosis

Due to _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

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Handwritten: Bureau for post office

Handwritten: July 22, 1948

Handwritten: Mr. J. Edgar Hoover

RECEIVED
AUG 30 1948
BUREAU

Handwritten: Mr. J. Edgar Hoover
U.S. Department of Justice
Washington, D.C.
July 22, 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11-556

1. PLACE OF DEATH:

Country WinnipegCity or town Delmar
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 daysHospital, institution, or street address where death occurred:
Glennsboro General HospHow long in hospital or institution? 5 days

3. (a) FULL NAME

Carol Ann Hall

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife James White7. Birth date of deceased (mo., day, yr.) Dec 3, 19488. AGE: Years 1 Months 8 Days 4 It less than one day hrs. min.9. Birthplace Wilmington, Del.
(Town, county, and state)10. Usual occupation Off. Honor

11. Industry or business

12. Name Chas. C. Hall13. Birthplace Delmar, Del.14. Maiden name Bear15. Birthplace Orangeburg, S.C.16. Informant Charles C. HallAddress Delmar, Del.17. Burial Date thereof Aug 9, 1948(Burial, Int. Olie Methodist (month) (day) (year))Cemetery or crematorium Delmar, Del.Location Delmar, Del.18. Funeral director G. S. Grand Co.Address Delmar, Del.August 8, 1948 Harry E. Hudson

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County SussexCity or town Delmar
(If outside city or town limits, write RURAL and give nearest town)Street No. R. 2 10 11

(If rural, give LOCATION)

2. (a) If veteran, name war ✓

MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug 7 19 48 at 12.05 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1st 19 48 to Aug 7 19 48
and that I last saw her alive on Aug. 6th 19 48Immediate cause of death Rocky Mountain Spotted fever DURATION 7 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. V. Sokler, M.D. M.D. or otherAddress Delmar, Del. Date signed 8-8-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Bivalve
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WicomicoCity or town Bivalve
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Stonewall Jackson Garrett

3. (b) Social Security Number

4. Sex m5. Color or race w6. (a) Single, married, widowed, or divorced Widower6. (b) Name of husband or wife Sally J. Garrett7. Birth date of deceased (mo., day, yr.) Sept. 18, 18698. AGE: Years 78 Months 11 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Lyashin, Wicomico, md
(Town, county, and state)10. Usual occupation Oysterman

11. Industry or business

12. Name Don't Know

13. Birthplace

14. Maiden name Don't Know

15. Birthplace

16. Informant Kendall Garrett
Address Milford, Del.17. Burial Date thereof 8/25/48
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Bivalve CemeteryLocation Bivalve, md18. Funeral director William R. WilliamsAddress Salisbury, Maryland19. Aug. 24 1948 Loise Strong Taylor
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 Aug 1948 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 March 1947 to 23 Aug 1948and that I last saw him alive on 23 Aug 1948Immediate cause of death Cardiac DecompensationArteriosclerosisDue to Cardio Vascularrenal disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Richard H. Saunders M.D.Address Antietam Md. Date signed 24 Aug 48

M. D. or other

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08779

1310



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County SalisburyCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

121. E. Philadelphia Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County McComickCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 121. E. Philadelphia Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Hester Jenkins

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife John J. Jenkins6. (c) If alive, give age Dead years7. Birth date of deceased (mo., day, yr.) Nov. 22-18908. AGE: Year 57 Month 9 Day 7 If less than one day hrs. min.9. Birthplace Walden Maryland
(Town, county, and state)10. Usual occupation at home11. Industry or business at home12. Name William H. Campbell13. Birthplace Georgetown Delaware14. Maiden name Rebecca Parker15. Birthplace P.O. Pittsville Maryland16. Informant Mrs. Priscilla HitchAddress 121. E. Phila. Ave. Salisbury Md17. Burial Bethel Church Cemetery
(Burial, cremation, or removal. Which?) Date thereon Sept 1-1948
(month) (day) (year)Cemetery or crematorium Walden, MarylandLocation Holloway & G. Walter R. Holloway18. Funeral Director Salisbury MarylandAddress Salisbury Maryland19. Date received by registrar Aug 20 194820. Registrar Louise Strong Taylor

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 1948 at 11:55 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26, 1948, to Aug 29, 1948and that I last saw her alive on Aug 29, 1948Immediate cause of death Cerebral HemorrhageDue to arteriosclerosisDue to hypertension

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Hefeman M.D.Address 238 Camden Rd Salisbury MdDate signed 8-29-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County LeannicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 8 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County LeannicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 213 Hastings St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Johnson, Mrs. Elsie Mae

3. (b) Social Security Number

4. Sex Female5. Color of face White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Irving Johnson7. Birth date of deceased (mo., day, yr.) June 16 - 18928. AGE: Years 56 Months 2 Days 11 It less than one day

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1948 at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him alive on August 27 19.....Immediate cause of death Fatal Broncho pneumonia

Due to.....

Due to.....

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19. Sept 1 - 1948 Louise Strong Salisbury, Maryland

(Date rec'd by registrar) Registrar

23. SIGNATURE for Registrar, M.D. or otherAddress Salisbury, MdDate signed 8/28/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08781

107

RECEIVED

SEP 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MD. *Rock*

93d 08782 332

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County *Wicomico*
City or town *Salisbury*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept. 2 - 1875

8. AGE:

Years

Months

Days

If less than one day

*72**11**16*

hrs.

min.

9. Birthplace

Wicomico Co. Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

William J. Larmar

12. Name

Wicomico Co. Maryland

13. Birthplace

Sarah Virginia Blumley

14. Maiden name

Wicomico Co. Maryland

15. Birthplace

Mrs. Margaret Larmar

16. Informant

111. Walnut St. Salisbury Md.

Address

Burial

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 20 - 1948

Cemetery or crematory

Salisbury Maryland

Location

Holloman & G. Walter P. Holloman

18. Funeral director

Salisbury Maryland

Address

Aug. 20 1948

(Date recd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State *Md.* County *Wicomico*City or town *Salisbury*
(If outside city or town limits, write RURAL and give nearest town)Street No. *111. Walnut Street*
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug. 18* 19 *48* at *2 15 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 15 19 *48* to *August 18* 19 *48*and that I last saw him alive on *August 18* 19 *48*

Immediate cause of death

*Pulmonary embolism**intracardiac*Due to *thrombosis*Due to *arteriosclerosis**skel disease*Other conditions *Tension Pneumothorax**Pleural effusion*

(Include pregnancies within 3 months of death)

Major findings of operations

Date of op. *See above*Autopsy results *See above*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

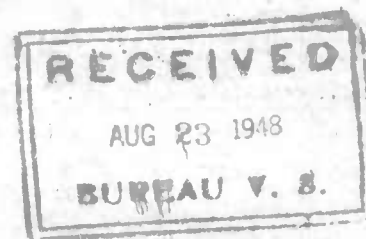
Injured at work?

23. SIGNATURE

David Blum M.D.

M. D. or other

Address *Salisbury Md.* Date signed *8/20/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08783

462

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Union Ave.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Ann Livingston

3. (b) Social Security Number

4. Sex female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Dr. Handy Livingston

7. Birth date of deceased (mo., day, yr.) Feb. 2 - 1875

8. AGE: Years 73 Months 6 Days 6 If less than one day

9. Birthplace Worcester County, Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business at home

12. Name Thomas Alfred Ennis

13. Birthplace Worcester Co. Md.

14. Maiden name Hennietta Jane Miller

15. Birthplace Worcester Co. Maryland

16. Informant Dr. Handy Livingston

Address Union Ave. Salisbury Maryland

17. Burial Date thereof Aug. 11-1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury Maryland

18. Funeral director Holloman & Co. 1401 E. Holloman

Address Salisbury Maryland

19. Aug - 10 19 48 Shelise Strong Taylor

(Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 19 48 at 11:45 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 24 19 48 to Aug 8 19 48

and that I last saw him alive on July 15 19 48

Immediate cause of death Cancerous growth of stomach

Due to 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

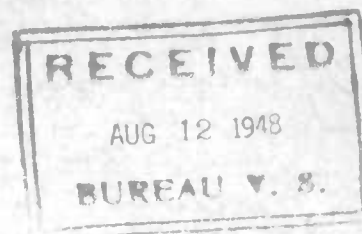
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Shelise Strong Taylor

Address Salisbury Md

Date signed 8/8/48



MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

93d

08784

Reg. Dist. No. 332

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 yrs.
Hospital, institution, or street address where death occurred:
Peninsula General Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 216 New York ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
John G. Melson

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Minnie W. Melson
7. Birth date of deceased (mo., day, yr.) May 25, 1888
6. (c) If alive, give age 65 years

8. AGE: Years 65 Months 2 Days 5 If less than one day
hrs. min.

9. Birthplace Pittsville, Md.
(Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business

12. Name John Handy Melson

13. Birthplace Pittsville, Md.

14. Maiden name Rebecca Parsons

15. Birthplace Salisbury, Md.

16. Informant Mrs. John Melson

Address Salisbury, Md.

17. Burial Date thereof 8/24/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Parsons

Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.

Address Salisbury, Md.

MEDICAL CERTIFICATION
20. DATE OF DEATH Aug 22, 1948 at 6:45 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 17, 1948 to Aug 22, 1948
and that I last saw him alive on Aug 22, 1948

Immediate cause of death Cerebral embolus

Due to Cerebral Thrombosis
Chronic y. d. l. d.

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Yeaman, M.D.
M. D. or other

Address 238 Camden Ave. Date signed 8-22-48
Salisbury, Md.

19. Aug. 24, 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

RECEIVED

AUG 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Thiomas
 City or town Pittsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Thiomas
 City or town Pittsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ✓
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Fredrick James Mitchell

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Evelyn E. Mitchell

7. Birth date of deceased (mo., day, yr.) Jan 13, 1857
 6. (c) If alive, give age ✓ years

8. AGE: Years 91 Months 7 Days 18 If less than one day hrs. min.

9. Birthplace Delaware
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Calisha Mitchell

13. Birthplace Del.

14. Maiden name Willie Murrell Baker

15. Birthplace Del.

16. Informant Mrs. Willie Murrell

Address Willards Md.

17. Rural Date thereof Aug 29, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory New Hope

Location Willards, Md.

18. Funeral director M. Vachon Watson

Address Shelbyville, Del.

19. Sept. 1 19 48 Louise Strong byln
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 19 48 at 9:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 19 48 to 26 Aug 19 48
 and that I last saw him alive on 26 Aug 19 48

Immediate cause of death Bronchopneumonia DURATION 5 days

Due to arterio sclerosis generalized unknown

Due to accident

Other conditions Cerebral vascular

(Include pregnancy within 3 months of death) 1 wk.

Major findings of operations ✓ Date of op. ✓

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Hauck E. Patton M.D. M. D. or other ✓

Address Pittsville Date signed 8/30/48

MARGIN RESERVED FOR BINDING

I

VS A15 - 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Near Millersville Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Va County NorthamptonCity or town Edinburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 12
(If rural, give LOCATION) Yes

2.(a) If veteran, name war

3. (a) FULL NAME

James Moore

3. (b) Social Security Number

4. Sex

Male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

marriedB. (b) Name of husband or wife Ballan Moore7. Birth date of deceased (mo., day, yr.) 2 2 1886

6. (c) If alive, give age years

8. AGE: Years 68 Months Days If less than one day
hrs. min.9. Birthplace Columbus South Carolina
(Town, county, and state)10. Usual occupation Tobacco11. Industry or business wood mill12. Name James Moore Sr.13. Birthplace Columbus, S.C.14. Maiden name Fanny Russell15. Birthplace Columbus, S.C.

16. Informant

Address

17. (Burial, cremation, or removal. When?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director Sam Howard WellsAddress Pittsville Md19. 8/14/48 19 48 Barry P. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14-48 19 48 21 530 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

midnight 19 48 to 530 19 48and that I last saw him alive on 19 48Immediate cause of death chronic myocardial infarction

DURATION

3 hours

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Lo Rademacher MD

M. D. or other

Address Edinburg Md Date signed 8/14/48

RECEIVED

AUG 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Shaw N.W. Rural #1
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mount, Mrs. Leland

3. (b) Social Security Number

None

4. Sex

Female White

5. Color or race

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mount, Mr. James6. (c) If alive, give age 610 years7. Birth date of deceased (mo., day, yr.) January 20 - 1881

8. AGE: Years Months Days If less than one day

67 yrs.627

hrs.

min.

9. Birthplace Spence, Worcester, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Unemployed

MOTHER FATHER

12. Name Stanford Mr. James S.13. Birthplace Shaw N.W. R.F. #1 Maryland14. Maiden name Bowden, Miss Mary Elizabeth15. Birthplace Newark, Maryland16. Informant Mount, Mr. James S. (husband)Address Shaw Hill, Maryland R.F.D. 117. Burial Date thereof Aug. 20/48
(Burial, cremation, or removal. Which?) (City or town) (County) (State) (day) (year)Cemetery or crematorium Spence BaptistLocation Shaw Hill, Md Rural #118. Funeral director Leland E. DymallyAddress Shaw Hill, Md19. Aug. 19 19 48 Quinn Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 19 48 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____

and that I last saw him/her as dead Aug 17 19 48

Immediate cause of death

DURATION

Due to Cerebral Hemorrhage 2 hoursDue to Hypertension in 2 yearsOther conditions a fall just before death

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE N. E. Partonius MD. M. D. or other _____Address Pocomoke City, Md Date signed 8/17/48

RECEIVED

AUG 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08788 332

1. PLACE OF DEATH:

County Wicomico
City or town Nanticoke
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Wicomico
City or town Nanticoke
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran name war _____

3. (a) FULL NAME

Marquerite Edith Nutter

3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1948 6. (c) If alive give age _____ years8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Nanticoke, Wicomico, Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Robert L. Nutter13. Birthplace New York City, N.Y.14. Maiden name Lillian V. B. Dickey15. Birthplace Nanticoke, Md.16. Informant Robert L. NutterAddress Nanticoke, Md.17. Burial Date thereof 8/12/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Private CemeteryLocation Nanticoke, Md.18. Funeral director W. H. May & Co. Walter R. H. MayAddress Salisbury Md.19. Aug. 12 48 Loise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug. 11 1948 at 7:45 P.M.2I. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 Aug. 1948 to 11 Aug. 1948.
and that I last saw h. Dr. alive on 11 Aug. 48 1948.Immediate cause of death Pneumonia
7 mo. twin pregnancy.

Due to _____ DURATION

Due to _____

Other conditions Pneumonia 24 hours

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Richard H. Saunders MD

M. D. or other _____

Address Nanticoke Md. Date signed 11 Aug 48

MARGIN RESERVED FOR BINDING

VS A15

9:45:15M

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RECEIVED

AUG 14 1948

BUREAU V. S.

08789

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Nanticoke
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County WicomicoCity or town Nanticoke
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Maurice Herman Nutter

(TWIN #1)

3. (b) Social Security Number

4. Sex

m

5. Color or race

c

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Aug. 10, 1948

8. AGE:

Years

Months

Days

If less than one day

263

hrs.

min.

9. Birthplace Nanticoke, Wicomico, md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Robert Leon Nutter

13. Birthplace

New York City, N.Y.

14. Maiden name

Lillian V. Bartley

15. Birthplace

Nanticoke, md.

16. Informant

Robert L. Nutter

Address

Nanticoke, md.

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

8/16/48
(month) (day) (year)

Cemetery or crematory

Private Cemetery

Location

Nanticoke, md.

18. Funeral director

Address

Hallway & Son, Inc.

19.

Aug 16
(Date rec'd by registrar)

19

48Lois E. Thompson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 August 19 48 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 August 19 48 to 16 August 19 48and that I last saw him alive on 16 August 19 48

Immediate cause of death

Permaternity
Twins premature

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Injured at work?

23. SIGNATURE

William H. Saunders
M. D. or other

Address

Nanticoke, md. Date signed 16 August

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 18 1948

BUREAU V. S.

RECEIVED

AUG 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08790 332

1. PLACE OF DEATH:

County Wicomico
 City or town Jesterville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? lifetime
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Wicomico
 City or town Jesterville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Nedrick Asbury Nutter

3. (b) Social Security Number

4. Sex m 5. Color or race col. 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Gladys M. Nutter
 6.(c) If alive, give age 43 years
 7. Birth date of deceased (mo., day, yr.) July 13 - 1900
 8. AGE: Years 48 Months — Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Nantuxoke, Wicomico - Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Sidney Nutter
 13. Birthplace Nantuxoke, Md.
 14. Maiden name Maria Conway
 15. Birthplace Jesterville, Md.

16. Informant Gladys Nutter
 Address Jesterville, Md.

17. Burial Date thereof 9/10/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Jesterville Col. Cemetery

Location Jesterville, Md.

18. Funeral director William C. Miller R. Miller

Address Salisbury Maryland

19. August 9, 1948 Quince Stronghuhn
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1948 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death Burns of torso
beds

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations None

_____ Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 8/7/48
 Accident, suicide, or homicide assault Date of _____

Where did injury occur? Jesterville Wicomico Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury stove & exploded Injured at work? no
Burned down house

23. SIGNATURE W.C. Miller M. D. or other _____

Address Salisbury Md Date signed 8/9/48

RECEIVED

AUG 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ✓

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County McComieCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
R.D. # 4

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County McComieCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. R.D. # 4
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George Henry Parson

3. (b) Social Security Number

4. Sex

Male

5. Color of face

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bertie Ellen Parson

7. Birth date of deceased (mo., day, yr.)

Oct. 26 - 1873

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

74105

hrs.

min.

9. Birthplace

McComie Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19. Sept - 2 1948
(Date rec'd by registrar)

19

Louise Strong Taylor
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1948 at 1:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 24, 1948, to Aug. 31, 1948
and that I last saw him alive on Aug. 31, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

4 days

Due to

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John H. Jeanen M.D.
M. D. or other

Address

238 Camden Ave.

Date signed

8-31-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Salisbury md

City or town Salisbury md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? app. 8 mo's

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wicomico

City or town Salisbury md
(If outside city or town limits, write RURAL and give nearest town)

Street No. James Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harriet Postley

3. (b) Social Security Number

4. Sex

male

5. Color or race

col

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

none

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Dec 18 87

8. AGE:

Years

Months

Days

If less than one day

6/1/60

hrs. min.

9. Birthplace

Parsonsburg
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

none

12. Name

Peter Postley

13. Birthplace

Parsonsburg, md

14. Maiden name

Charlotte Corey

15. Birthplace

unknown

16. Informant

Modeline Postley

Address

Salisbury md

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery

Date thereof

Aug 7 1948
(month) (day) (year)

Cemetery or crematory

Whaleyville md

Location

Booker M. West

18. Funeral director

Salisbury md

Address

August 6 48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 19 48 at 1030 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 19 48 to Aug 3 19 48

and that I last saw him alive on Aug 3 19 48

Immediate cause of death Left ventricular

failure

DURATION

2 weeks

Due to

Atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Sharnell MD

M. D. or other

Address

200 N. Main St.

Date signed 8/4/48

RECEIVED

AUG 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age in correct age. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 weeks
 Hospital, institution, or street address where death occurred:
Peninsula General Hospital
 How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town 114 Gay St. Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Frederick J. Rathgeber

3. (b) Social Security Number

4. Sex male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife May E. Rathgeber

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) April 13, 1885

8. AGE: Years 63 Months 4 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Eschway Germany
 (Town, county, and state)

10. Usual occupation machinist

11. Industry or business retired

12. Name Carl Rathgeber

13. Birthplace Eschway Germany

14. Maiden name Judith Ebert

15. Birthplace Eschway Germany

16. Informant Carl J. Rathgeber

Address 114 Gay St. Salisbury Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Aug 21, 1948
 (month) (day) (year)

Cemetery or crematorium Bethel Cemetery Philadelphia Pa.

Location Philadelphia Pa.

18. Funeral director Shelton & Co. Funeral Home

Address Salisbury Md.

19. Aug 17, 1948 Lois Strong Taylor
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17, 1948 at 2:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15, 1948 to Aug 17, 1948

and that I last saw him alive on _____ 19____

Immediate cause of death Carcinoma of prostate & metastases to stomach

Infection due to prostatic abscess

metastatic

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John H. Yeaman M.D.
 M. D. or other _____

Address 238 Camden Ave. Date signed Aug 22, 1948

RECEIVED

AUG 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

County Wicomico
 City or town Seas Summit
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RD. #1.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Reddish, John Staton Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 9-1926

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

22626

hrs.

min.

9. Birthplace

RD. #4, Salisbury Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date read by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 5 1948 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h..... alive on.....
medical examination

Immediate cause of death

crushed chest

DURATION

syndromic death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLANCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident

Date of

8-5-48

Where did injury occur?

Frontal wound
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Highway

Means of injury

driving truck

Injured at work?

yes

23. SIGNATURE

Address

Date signed

RECEIVED

AUG 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Rademaker

128

Reg. Dist. No. 332

1. PLACE OF DEATH:

County..... *Wicomico*City or town..... *Salisbury*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred.....
St. Joseph's Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Wicomico* County.....City or town..... *Mardela Springs*
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

Walter Clifton Reddish

3.(b) Social Security Number

4. Sex

M.

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

January 10, 1893

8.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

*55**7**17*

.....hrs.

.....min.

9. Birthplace.....

Mardela Springs Md.
(Town, county, and state)

10. Usual occupation.....

Maintenance Electric Light Plant

11. Industry or business.....

John Reddish

FATHER

12. Name.....

John Reddish

13. Birthplace.....

Mardela Spgs. Md.

MOTHER

14. Maiden name.....

Anna B. Davis

15. Birthplace.....

Mardela Spgs. Md.

16. Informant.....

Charles Reddish

Address.....

Mardela Spgs. Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof.....

(month) (year)

Cemetery or crematory.....

Mardela Cemetery

Location.....

Mardela Md.

18. Funeral director.....

David L. Messick

Address.....

Belton Md.

19.

(Date rec'd by registrar)

August 27, 1948 Louise Strong Taylor

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *August 27, 1948* at *1:45 A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 26, 1948 to *Aug 27, 1948*and that I last saw him/her alive on *Aug 26, 1948*

Immediate cause of death.....

coronary occlusion

DURATION

10 days

Due to.....

Due to.....

Other conditions.....

*acute pancreatitis**10 days*

(Include pregnancy within 3 months of death)

Major findings of operations.....

*pancreatitis*Date of op. *Aug 20/48*

Autopsy results.....

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of *26*

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

L. Rademaker

M. D. or other

Address.....

Salisbury Md.

Date signed.....

8/27/48

RECEIVED

AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

County Salisbury
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color of face

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of ~~husband~~ or wifeLois H. Rogers

7. Birth date of deceased (mo., day, yr.)

June 8th 18956. (c) If alive, give age 47 years

8. AGE:

Years

Months

Days

If less than one day

5323

hrs.

min.

9. Birthplace

Millstone N. J.
(Town, county, and state)

10. Usual occupation

Food Salesman

11. Industry or business

Elton S. Rogers M.

12. Name

New York

13. Birthplace

Emma Ireland

14. Maiden name

New York

15. Birthplace

Mrs. Lois H. Rogers

16. Informant

P.O. Box 167, Salisbury Md.

17. Address

Burial

18. Date thereof

Aug. 13-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Phonon Cemetery

Location

Salisbury Md.

19. Funeral director

Hollinger G. Walter R. Hollinger

Address

Salisbury Md.

19. Date rec'd by registrar

Aug. 13 1948

Registrar

Solesie Strong Taylor

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For children in infants give residence of mother)

State

Md. Salisbury

City or town

Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street

(P.O. Box 167)
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 11th 1948 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 20 1947 to August 10 1948and that I last saw him alive on August 10 1948

Immediate cause of death

Coronary Thrombosis
(Repeat)

Due to

Coronary Atherosclerosis

Due to

Myocardial Infarction

Other conditions

Insufficiency
(Include pregnancy within 3 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

_____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury

_____ Injured at work?

23. SIGNATURE

David J. Kikore M.D.
M. D. or other Aug. 13, 1948

Address

Salisbury Md.

Date signed

Aug. 13, 1948

RECEIVED
AUG 16 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08796

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yr.Hospital, institution, or street address where death occurred: 128 W Locust St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WicCity, or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No. 128 W Locust St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Benjamin Silverstein

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 28, 1899 6. (c) If alive, give age8. AGE: Years 49 Months 3 Days 22 If less than one day9. Birthplace Philadelphia

(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

12. Name Phillip Silverstein13. Birthplace Russia14. Maiden name Frances Lisa15. Birthplace Phila.16. Informant Mr Sam SeidelAddress 128 W Locust St Salisbury Md17. Burial Date thereof 8/22/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MontefioreLocation Phila. Pa18. Funeral director The Hill & Johnson CoAddress Salisbury19. Aug. 20 19 48 Salisbury Md

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/20 19 48 at 6:30 a.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/19 19 48 to 8/20 19 48and that I last saw him alive on 8/19 19 48Immediate cause of death Cerebral Thrombosis DURATION 5 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

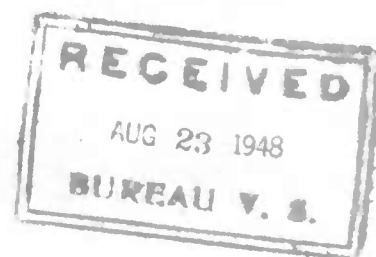
Means of injury

Injured at work?

23. SIGNATURE John R Mann

M. D. or other

Address Salisbury Md Date signed 8/20/48



MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

08797
332
Reg. Dist. No.

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 yr
Hospital, institution, or street address where death occurred: 600 Park St.
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 600 Park St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Carrie Estelle Smith

3. (b) Social Security Number

4. Sex F 5. Color of race W 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Albert C. Smith
7. Birth date of deceased (mo., day, yr.) March 3, 1865 6.(c) If alive, give age Dead years

8. AGE: Years 83 Months 5 Days 15 If less than one day
..... hrs. min.

9. Birthplace Salisbury, Wicomico, MD
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John D. Williams

13. Birthplace Monticello, MD

14. Maiden name Mary Ellen Jones

15. Birthplace Salisbury, MD

16. Informant Emma Lee Smith

Address Salisbury, MD

17. Burial Date thereof 8/19/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery Parsons

Location Salisbury, MD

18. Funeral director The Hall & Johnson Co

Address Salisbury, MD

19. Aug. 19 19 48 Soine Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17, 1948 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16, 1948 to Aug 17, 1948.
and that I last saw him/her alive on Aug 17, 1948.

Immediate cause of death Coronary Occlusion DURATION ✓

Due to Arteriosclerosis (?)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Yeaman M.D. M. D. or other

Address 338 Camden Ave, Salisbury, MD Date signed 8/18/48

RECEIVED

AUG 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH *McCombs*
 County *Shad Point*
 City or town *Shad Point*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *Lifetime*
 Hospital, institution, or street address where death occurred: *RD #1, Salisbury Md.*
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Md.* County *McCombs*
 City or town *Shad Point*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *RD #1, Salisbury Md.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME *Lotta A. Smith*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *July 7 - 1877* 6. (c) If alive, give age years

8. AGE: Years *71* Months *25* Days *25* If less than one day hrs. min.

9. Birthplace *Wilmington Delaware*
 (Town, county, and state)

10. Usual occupation *at home*

11. Industry or business *William H. Smith*

12. Name *Charlotte Town Prince Edward Island*

13. Birthplace *Thorold Ontario Canada*

14. Maiden name *Therese Dickson*

15. Birthplace *Fruitland Maryland*

16. Informant *Miss Jessie K. Smith*

17. Address *RD #1, Salisbury Maryland*

18. Burial *Aug. 4 - 1948*

19. Cemetery or crematory *Shad Point Cemetery*

20. Location *Shad Point Maryland*

21. Funeral director *Hollings & C. Walter P. Hollings*

22. Address *Salisbury Maryland*

23. Date signed *August 4, 48*

24. Registrar *Borine Strong Taylor*

MEDICAL CERTIFICATION

2D. DATE OF DEATH *Aug. 2* 19 *48* at *12:26* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov 19 47* 19 *48* to *Aug 2* 19 *48*

and that I last saw him alive on *Aug 1* 19 *48*

Immediate cause of death *Ch. Myocarditis with*

longtime heart failure

Due to *Arteriosclerotic heart disease*

Due to

Other conditions *Pulm. Lcs. - old*

with recent operations

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE *L. P. G. G. G. G.*

M. D. or other

Address *Salisbury, Md.* Date signed *8/3/48*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7/336

1. PLACE OF DEATH:

County Wicomico
 City or town Delmar
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
214 Railroad avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Delmar
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 214 Railroad avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Georgia Anna Toader

3. (b) Social Security Number

221-09-4898

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife W. O. Toader
 7. Birth date of deceased (mo., day, yr.) Jan. 19, 1883 6. (c) If alive, give age..... years
 8. AGE: Years 55 Months..... Days..... If less than one day..... hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1948 at 11:45 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947, to Aug 2 1948
 and that I last saw him alive on Aug 2 1948
 Immediate cause of death Respiratory
Failure
 Due to Infection of lungs
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

DURATION

12 hrs2325

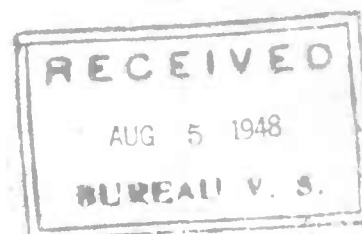
Major findings of operations..... Date of op.

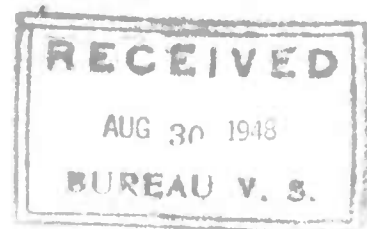
Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE J. H. F. J. nol M. D. or other
 Address Delmar, Md. Date signed Aug 3/48

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation House work
 11. Industry or business None
 12. Name Mrs. Edward Toader
 13. Birthplace Virginia
 14. Maiden name Bertie Mae Curtis
 15. Birthplace Virginia
 16. Informant Mr. Silas Mitchell
 Address Delmar, Del.
 17. Burial Date thereof 8-4-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematorium St. Olive Methodist
 Location Delmar, Del.
 18. Funeral director W. S. Mansel Co
 Address Delmar, Delaware
August 4th, 1948 Harry E. Hudson
 (Date rec'd by registrar) Registrar





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH:

County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Alva H. Walker

7. Birth date of deceased (mo., day, yr.)

Sept 10

6. (c) If alive, give age..... years

1872

8. AGE:

Years 75

Months 11

Days 15

If less than one day

hrs.

min.

9. Birthplace

Mardela, Md.

10. Usual occupation

House work

11. Industry or business

MOTHER FATHER

12. Name

Lerdinand R. Robinson

13. Birthplace

Md.

14. Maiden name

Marten Venables

15. Birthplace

Md.

16. Informant

Mrs Fessie Elliott

Address

Mardela, Md.

17.

(Burial, cremation, or some other method?)

Date thereof

8-27-48
(month) (day) (year)

Cemetery or crematory

Mardela

Location

Mardela, Md.

18. Funeral director

Gravener Bros

Address

Sharptown

19.

(Date rec'd by registrar)

Aug 27 1948

W. H. G. Weston
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Vic

City or town

Mardela

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

8/25 1948

at

6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

One week 1948 to Aug 25 1948

and that I last saw him alive on some evening 1948

Immediate cause of death

epilepsy

DURATION

Due to

Chore

Due to

Other conditions

age

(Include pregnancy within 3-months of death)

Major findings of operations

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. H. G. Weston

M. D. or other

Address

Mardela, Md.

Date signed Aug 27 1948

RECEIVED

AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08803 332

1. PLACE OF DEATH:

County SeconiaCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State MD County Seconia WiconCity or town Salisbury Ida Brown
(If outside city or town limits, write RURAL and give nearest town)Street No. Penuel's Nursing Home
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Hallen, Mrs. James

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Margaret C. Waller

7. Birth date of

deceased (mo., day, yr.)

Feb 8 - 1857

8. AGE:

Years

Months

Days

If less than one day

91610

hrs.

min.

9. Birthplace

Salisbury, Wicoma, Md
(Town, county, and state)

10. Usual occupation

RETIRED

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

8/20/48
(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date received by registrar)

August 24 - 19 48
Louise Strong Taylor
Registrar

3.(b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1948 at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/8 8/18 48and that I last saw him alive on 8/18 1948

Immediate cause of death

Systemic Infarction

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Myocardial InfarctionDate of op. 8/13/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 8/20/48

RECEIVED

AUG. 26 1948

BUREAU V. S.

1242-

Reg. Diat. No. 572

County Wilcomco
City or town Yashin Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:

(For newborn infants give residence of mother)

State md. County Wicomico

City or town Pasadena
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

1. (a) FULL NAME
Victoria J. Waters

3. (b) Social Security Number

4. Sex 7	5. Color or race C	6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Paul Waters		
7. Birth date of deceased (mo., day, yr.) Jan. 11 - 1902		6.(c) If alive, give age 45 years
8. AGE: Years 46	Months 7	Days -
		If less than one day hrs. min.

9. Birthplace Tyaskin, Wisconsin, Md.
(Town, county, and state)

10. Usual occupation..... *Housewife*

†1. industry or business

FATHER

12. Name James Rock

13. Birthplace Grasmere, Md.

MOTHER

14. Maiden name Mamie Wainwright

15. Birthplace Leash, Md.

16. Informant Monnie Rock
Address Frederick, Md.

17. Burial Date thereof 8/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory White Haven Cem
Location White Haven Md

18 Funeral director Hollman, Walter R. Hollman
Address Smith Maryland

19. Aug. 14 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

20. DATE OF DEATH.....11 August 1948.....at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 August 1948 to 11 August 1948
and that I last saw her alive on 11 August 1948

Immediate cause of death:	DURATION
<u>Arteriosclerosis of the Liver</u>	?

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury	Injured at work?
1. Motor vehicle	
2. Fall from height	
3. Machinery	
4. Fire	
5. Other	

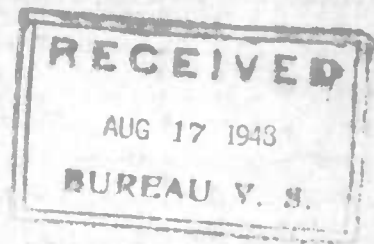
23. SIGNATURE James H. Henderson

Address Bonteche, Md. Date signed 13 Aug 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

308 Huston Terrace

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)Street No. 308 Huston Terrace
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Ryda Ellen West

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Garfield C. West

7. Birth date of deceased (mo., day, yr.)

November 13, 18866.(c) If alive, give age 66 years

8. AGE:

Years

Months

Days

It less than one day

61910

hrs.

min.

9. Birthplace

Berlin, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name

John H. Griffin

13. Birthplace

Berlin, Maryland

14. Maiden name

Mary E. Coffin

15. Birthplace

Berlin, Maryland

16. Informant

Mrs John Carrico

Address

Salisbury, Maryland

17.

Burial
 (Burial, cremation, or removal. Which?)Date thereof Sept 21, 1948
 (month) (day) (year)

Cemetery

Baptist

Location

Snow Hill, Maryland

18. Funeral director

Address

H. S. Marshall Co
1121 N. Salisbury Rd

19.

Aug. 31 1948
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1948 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 48 to Aug 30, 48
 and that I last saw him alive on Aug. 29, 48

Immediate cause of death

Metastatic CA of breast

DURATION

Due to

adenocarcinoma of breast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

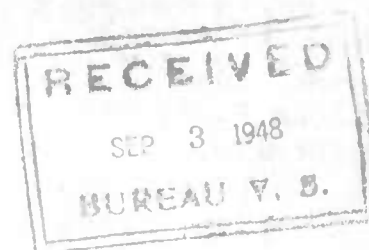
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William D. Gray, Jr.
Salisbury, Md M. D. or other
 Date signed 8/31/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

County McComick
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County McComick
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 109 Oak Street
(If rural, give LOCATION)

2.(a) if veteran, name war

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

8.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

if less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or other place

Location

18. Funeral director

Address

19.

(Date registered by registrar)

Date thereof

(month) (day) (year)

Cemetery or other place

Location

18. Funeral director

Address

19.

(Date registered by registrar)

Date thereof

(month) (day) (year)

Cemetery or other place

Location

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

Address

Date of

(City or town)

(County)

(State)

injured at work?

M. D. or other

Date signed

Aug 13 1948 at 8:30 A.M.

June 22 1948 (approx) 1948

and that I last saw him alive on August 13 1948

Cause of death

Due to

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

Address

DURATION

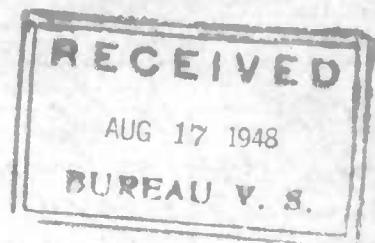
18 Mos.

2 Mos.

2 days

Bronchitis -

Pneumonia



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

186a 08807 332

1. PLACE OF DEATH:

County One county
City or town Salisbury, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 1/2 mo
Hospital, institution, or street address where death occurred:
Flora - General Hospital
How long in hospital or institution? 2 1/2 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 202 Walnut St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Wright, Mrs Emma A.

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow
6.(b) Name of husband or wife Gustavus Wright
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) January 9, 1863
8. AGE: Years 85 Months 6 Days 28 It less than one day _____ hrs. _____ min.
9. Birthplace Cambridge, Md
(Town, county, and state)
10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Richard B. Smith
13. Birthplace St. Mary's County
14. Maiden name MARION FILLITON
15. Birthplace Cambridge, Md
16. Informant Mrs Emma Johnson
Address Salisbury, Md
17. Burial Date thereof 8/9/48
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematorium Lawson
Location Salisbury Md
18. Funeral director The Bell & Johnson Co
Address Salisbury, Md
19. August 9, 1948 Registrar Lois Strong Taylor
(Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7, 1948 at 7:20 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to Aug 7 1948
and that I last saw her alive on Aug 6 1948
Immediate cause of death Respiratory failure DURATION
Due to Fracture - L. hip 10 wks.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 5-31-48
Where did injury occur? Salisbury, Wicomico, Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) home
Means of injury Fall Injured at work? no
23. SIGNATURE Robert R. Starr
M. D. Starr
Address Salisbury Date signed 8-7-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 11 1940

BUREAU V. S.